



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E419318**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	15-01064
LOCAL AGENCY CODING	0664
TOTAL # OF UNITS	02
OBJECT STRUCK	

DATE OF COLLISION	04 - 25 - 2015	TIME (2400)	1223	COUNTY #	31	MILES	N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN OF	<input checked="" type="checkbox"/>	CITY #	0664
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ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒

STATE ROUTE 9 BLOCK NO. ☒ 300

MILE POST ☐

DISTANCE 50 00 MILES ☐ N ☒ E ☐ S ☐ W OF (REFERENCE OR CROSS STREET) MARKET PL

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE	
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LAST NAME	PRATHER	FIRST NAME	CHARLES	MIDDLE INITIAL	N
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STREET NEW ADDRESS	4624 COLLEGE AVE
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CITY	EVERETT	ST	WA	ZIP	982032703
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CDL		RESTRICTIONS		ENDORSEMENTS	L
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DRIVER'S LICENSE #	PRATHCN304CD	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	02	-	04	-	1970
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	B46155V	STATE	WA	VIN#	3FDNF6563YMA13639
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TRAILER PLATE #	7205YT	STATE	WA	TRAILER PLATE #		STATE	
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VEH. YEAR	2000	MAKE	FORD	MODEL	DUMP	STYLE		VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	FOUR ROOFING 1429 AVENUE D SNOHOMISH WA 98290
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	AMERICAN FIRE BAA 55134127
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE	
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE	
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LAST NAME	SAVILLE	FIRST NAME	BRADFORD	MIDDLE INITIAL	K
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STREET NEW ADDRESS	1222 102ND DR SE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	SAVILBK482JZ	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	04	-	09	-	1952
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	188XHJ	STATE	WA	VIN#	2C8GP44391R227103
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2001	MAKE	CHRY	MODEL	TOWN	STYLE	SV	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	OWNED BY DRIVER
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	AMERICAN FAMILY 2122 0033 02
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE	
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OFFICER'S NAME (PRINT)	CHAD CHRISTENSEN	BADGE OR ID #	075	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E419318**

CASE # **15-01064**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

PASSENGER ☐ WITNESS ☐ UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

SEX

D.O.B.
MMDDYYYY

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

PASSENGER ☐ WITNESS ☐ UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

SEX

D.O.B.
MMDDYYYY

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

PASSENGER ☐ WITNESS ☐ UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

SEX

D.O.B.
MMDDYYYY

NATURE OF INJURIES

NARRATIVE

Unit 2 was travelling in the inside lane going southbound on SR 9 approaching Market Pl. Unit 1 was also traveling southbound in the outside lane on SR 9 and approaching Market Pl. The outside lane ends at Market Pl. making it a right turn only. Unit 1 tried to move over, hitting Unit 2 at the passenger door with Unit 1 trailer tires. Unit 2 tried to get Unit 1 to stop, but the vehicle continued. Unit 2 damages appeared to be new, as there wasn't any dust or mud covering the damage which there should have been if the damage was old. There was no apint tranfer and it appeared the tire rubbed the two passenger side doors.

Upon contacting driver of Unit 1 at the place of employment (17903 SR 9 SE) he said he was not aware that hsi trailer hit the car. Driver of Unit 1 believed the driver of Unit 2 was angry because he cut him off.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

CHAD CHRISTENSEN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

04-25-15 05:19 PM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 095

DATE

4/26/2015 5:11:51 AM

BADGE OR ID #

075

ORI #

WA0311900

TIME POLICE DISPATCHED

12:23 PM

TIME POLICE ARRIVED

12:34 PM

PART B 3000-345-160 R (7/06)



**SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT**



013197

REPORT NO. E419318

CASE # 15-01064

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐

INTRASTATE ☐

UNIT #

1

USDOT

ICC #

VEHICLE TYPE

CARGO BODY
TYPE

CARRIER
NAME

CARRIER
ADDRESS

CITY

ST

ZIP

NAME
SOURCE

#

AXLES

00

GVWR

0

PLACARD

+

NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT #

MOTOR
VEHICLE ☐

PEDAL-
CYCLE ☐

PEDESTRIAN ☐

PROPERTY
OWNER ☐

DAMAGE THRESHOLD MET
YES ☐ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE
INITIAL

STREET
NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

STATE

SEX

D.O.B.
MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

LICENSE
PLATE #

STATE

VIN#

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED
YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE
IN EFFECT ☐

INSURANCE CO.
& POLICY #

VEHICLE
LEGALLY
STANDING ☐

YES ☐

NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



UNIT #

MOTOR
VEHICLE ☐

PEDAL-
CYCLE ☐

PEDESTRIAN ☐

PROPERTY
OWNER ☐

DAMAGE THRESHOLD MET
YES ☐ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE
INITIAL

STREET
NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

STATE

SEX

D.O.B.
MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

LICENSE
PLATE #

STATE

VIN#

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED
YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE
IN EFFECT ☐

INSURANCE CO.
& POLICY #

VEHICLE
LEGALLY
STANDING ☐

YES ☐

NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

CHAD CHRISTENSEN

04-25-15 05:19 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

DATED:

PLACE SIGNED

BADGE
OR ID #

075

ORI
#

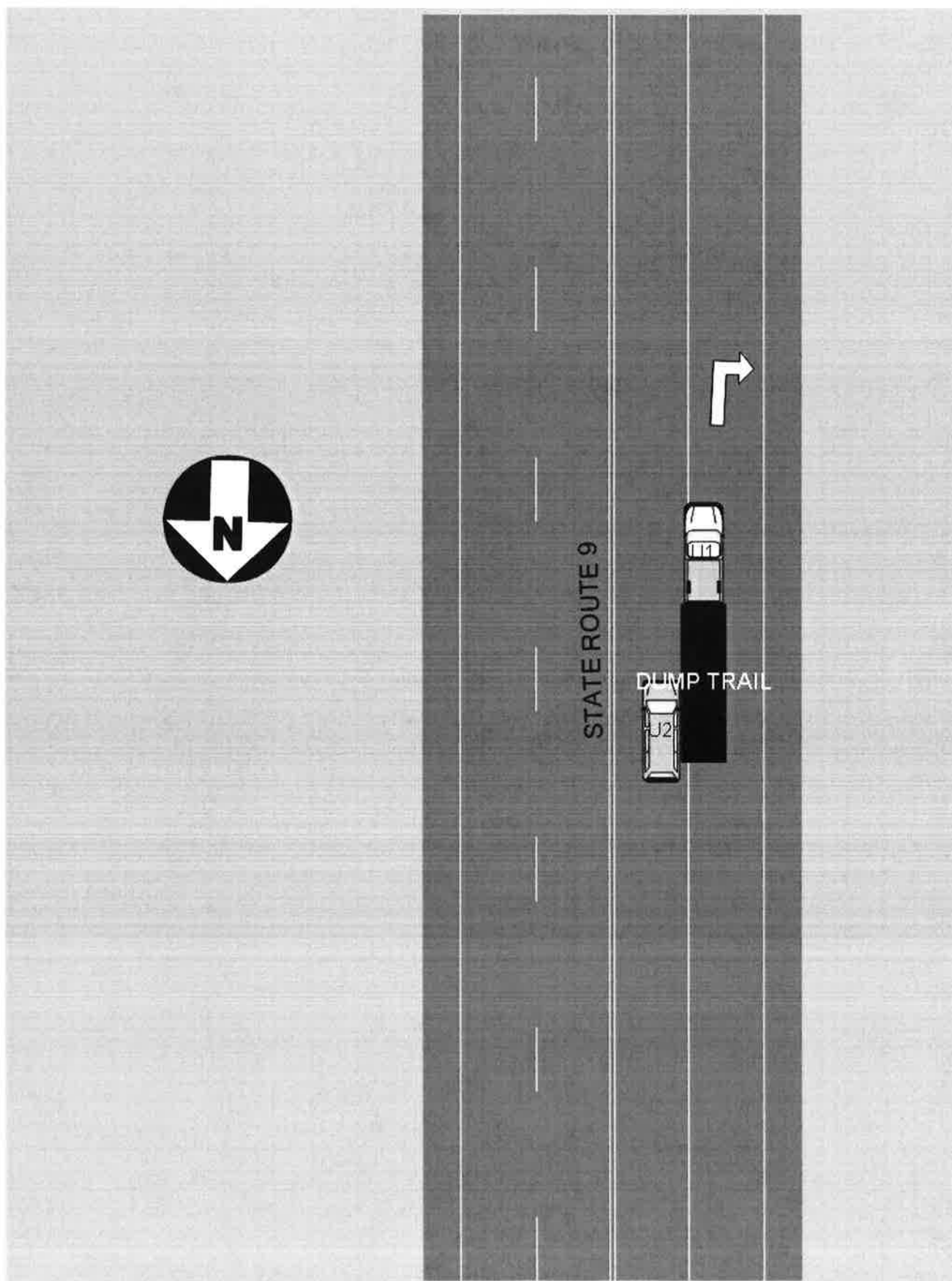
WA0311900

APPROVED BY
MINER

DATE
4/26/2015

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OF 4



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-01064



VICTIM / WITNESS

NON-DISC	NAME (LAST, FIRST MIDDLE)	RACE	ETH	SEX	DOB	AGE	HGT	WGT	HAIR	EYES
	Charles Prather Charles N	W	W	M	02/09/70	45	53	160	Brown	Brown
STREET ADDRESS		CITY			STATE		ZIP		RES. STATUS	
1248 Cedar Ave Apt 37		Marysville			WA		98270			

HOME PHONE	CELL PHONE	PLACE OF EMPLOYMENT
	425-791-1473	4 Seasons
WORK PHONE	EMAIL ADDRESS	
425-388 9906	Chuck4seasonsroof.com	

I, Charles Prather, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was traveling South Bound on Hwy 9 Then came to the main intersection of Lk Stevens There were 2 lanes of ~~the~~ to be cutting I chose the right lane I'm driving an F650 dump truck pulling a dump trailer full of Comp roofing material so didn't want to hold up traffic continued south when light turns green, To learn I was in a turn lane only I down shifted Put my turn signal on and had plenty of room to move over until this car behind me besides he's not letting me in, didn't want to come to complete stop on green light because I had traffic behind me and the already were patient and waited for me to go throw my gears once, I don't normally travel this direction I normally go I5 + Hwy 2 to Snohomish. I know for a fact I did not hit this car with the trailer I was pulling.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:	DATE SIGNED	LOCATION SIGNED
Charles Prather	April 25, 2015	4 Seasons office
OFFICER/NUMBER:	DATE SIGNED	LOCATION SIGNED
C. Prather #15	4/25/15	

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-01064



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Saville, Bradford Kevin	RACE W	ETH Cauc.	SEX M	DOB 04/09/1952	AGE 63	HGT 6'3"	WGT 250	HAIR Gr	EYES Bl
STREET ADDRESS 1222 102nd Dr SE		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS Res.		
HOME PHONE (425) 335-0237		CELL PHONE (425) 345-6343		PLACE OF EMPLOYMENT WS DOT						
WORK PHONE (425) 293-8035		EMAIL ADDRESS jiveeddy@gmail.com								

I, Bradford Saville, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

While traveling SB on SR9 approaching Market Pl. in the through lane a large (bigger than a pick-up) white truck pulling a tandem axle, expanded steel sided utility trailer full of trash(?) cardboard, changed lanes into my lane striking the left side doors of my 2001 Chrysler Town & Country mini van. I honked before the impact but the driver did not stop and the collision occurred. I called 911 to report the incident, following the truck/trailer SB SR9 until turning around at the Snohomish River. The driver appeared to be a white male 30s wearing a dark baseball cap w/ some sort of embroidery on front of hat. The driver made eye contact via the truck's side mirror and gestured with his hands a "Oh well" type gesture.

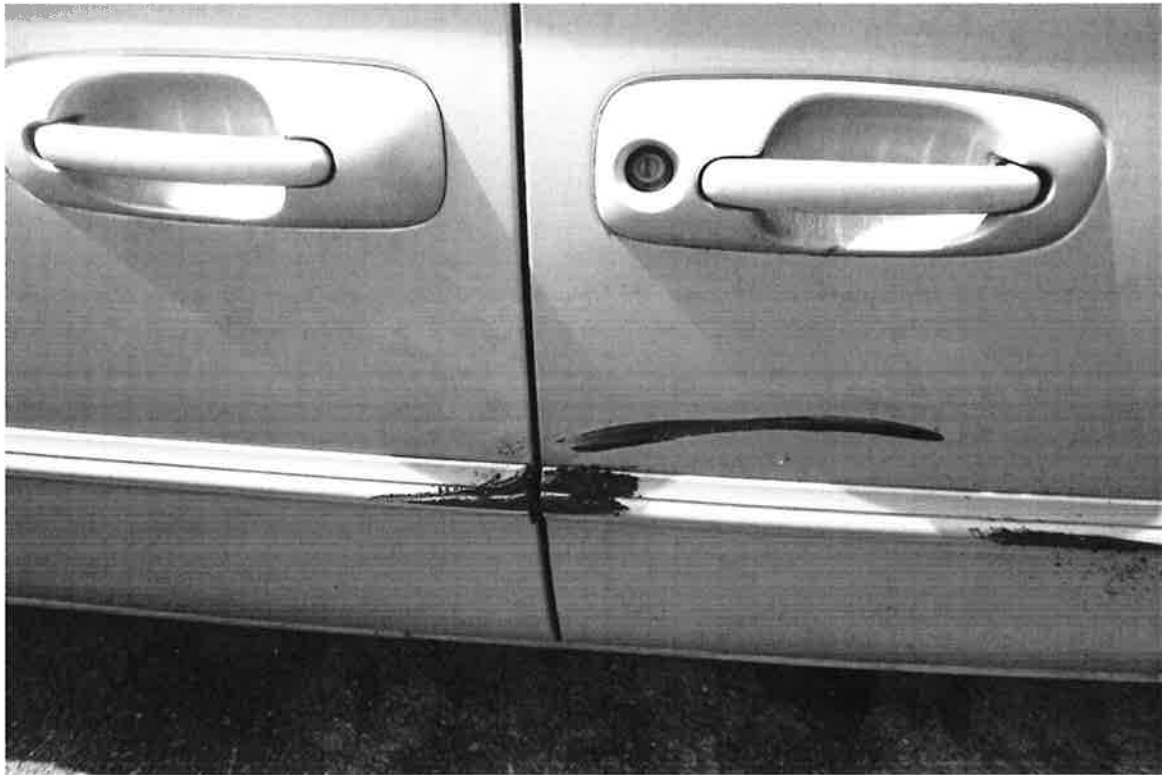
I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

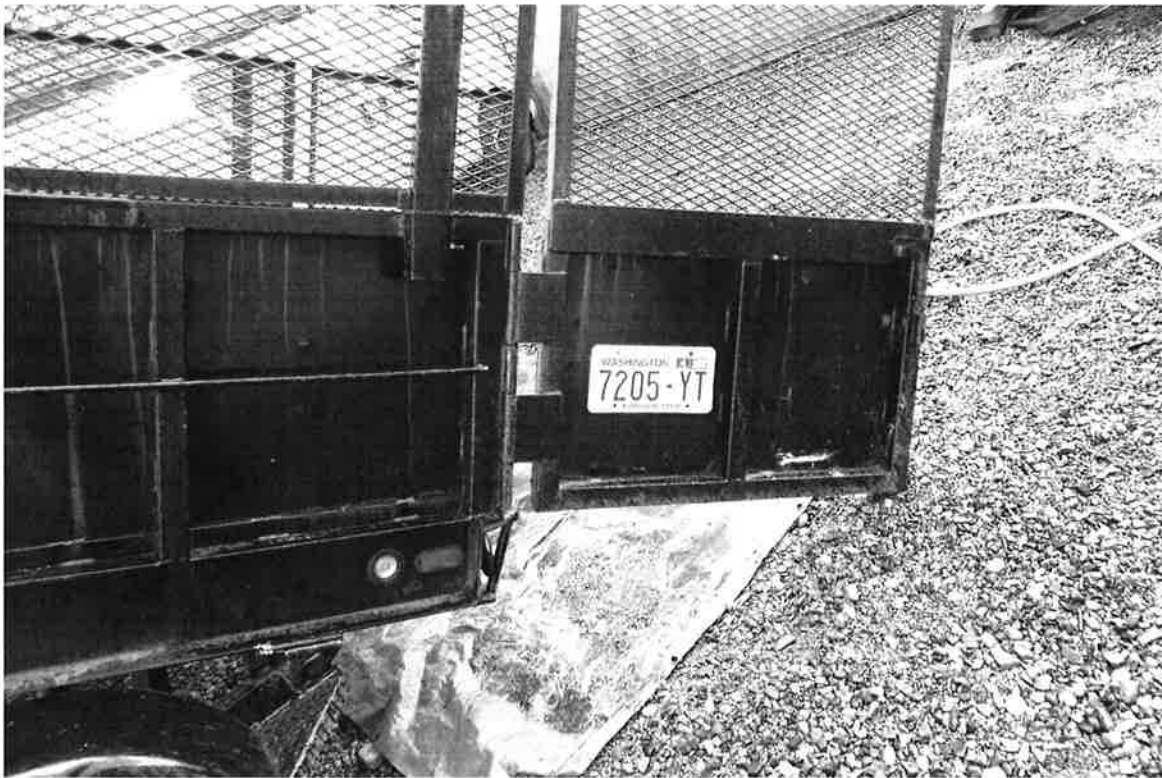
SIGNATURE: <u>Bradford K. Saville</u>	DATE SIGNED 4/25/2015	LOCATION SIGNED SR9 / US2 (NB SR9)
OFFICER/NUMBER: <u>P. Christ #15</u>	DATE SIGNED 4/25/15	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1









LAKE STEVENS POLICE EVIDENCE UNIT				Primary Officer/Badge Number <i>CHALSTON #15</i>				Case Number <i>15-01064</i>			
Type of Crime: Felony / Misdemeanor (Circle)				Type of Case: <i>COLLECTION</i>				Date/Time: <i>4/25/15</i>			
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING				*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfkg will be held for 60 days or 60 days past owner notification							

Case # 15-01064

Item # <i>1</i>	Item <i>CD</i>					Brand Name		Storage Location	Disposition
	Brand/Model/Caliber								
	Action # <i>3</i>	Serial #		Where Found		Weight of Narcotic			
Owner's Name					Address		City State Zip Phone #		Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions									
Item #	Item					Brand Name		Storage Location	Disposition
	Brand/Model/Caliber					(Further Description)			
	Action #	Serial #		Where Found		Weight of Narcotic			
Owner's Name					Address		City State Zip Phone #		Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions									
Item #	Item					Brand Name		Storage Location	Disposition
	Brand/Model/Caliber					(Further Description)			
	Action #	Serial #		Where Found		Weight of Narcotic			
Owner's Name					Address		City State Zip Phone #		Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions									
Item #	Item					Brand Name		Storage Location	Disposition
	Brand/Model/Caliber					(Further Description)			
	Action #	Serial #		Where Found		Weight of Narcotic			
Owner's Name					Address		City State Zip Phone #		Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions									
Item #	Item					Brand Name		Storage Location	Disposition
	Brand/Model/Caliber					(Further Description)			
	Action #	Serial #		Where Found		Weight of Narcotic			
Owner's Name					Address		City State Zip Phone #		Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions									

Evidence Control Use Only:

Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING: _____
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File

Incident History for: #SS15007975 Xref: #SS15007976

Case Numbers: \$SS15001064

Entered 04/25/15 12:23:50 BY SPCT05 SP0390
Dispatched 04/25/15 12:23:58 BY SPDP17 SP0168
Enroute 04/25/15 12:23:58
Onscene 04/25/15 12:34:53
Closed 04/25/15 13:46:36

Initial Type: COLP Initial Alarm Level: Final Alarm Level:

Final Type: COLP (COLLISION, PRIORITY) Pri: 1 Dispo: H

Police BLK: SS003 Fire BLK: AG1418 Map Page: 397E-3 Group: SS1 Beat: SOUT

Src: T

Loc: 20 ST SE/SR 9 SE , LKS (V)

Loc Info: SB ON SR 9

Name: SAVILLE, BRAD

Addr:

Phone: 4253456343

/1223 (SP0390) ENTRY , CC, NOW, H/R , WHI TRK W/ BLK TRAILER
/1223 (SP0168) DISPER 19D3 #SS75 CHRISTENSEN, OFCR (CHAD)
/1224 (SP0390) SUPP TXT: RP FOLLOWING IN BLU 01 CHRYSLER TOWN AND CO
UNTRY
/1225 SUPP NAM: SAVILLE, BRAD,
PHO: 4253456343,
TXT: L/7205YT IS TRAILER, RP REFUSING TO STOP FO
LLOW, SIDE SWIPED RP
/1225 (SP0168) MISC 19D3 , WSP ADV'D
/1231 (SS75) REMINQ 19D3 MDTVEH, 7205YT, , WA, , , , , , , , , ,
/1232 REMINQ 19D3 MDTVEH, 7205YT, , WA, , , , , , , , , ,
/1234 (*****) REMINQ 19D3 7205YT
/1234 (SP0168) REMINQ 19D3 LIC, 19D3, 7205YT, , ,
/1234 (SS75) *ONSCNE 19D3
/1236 (SP0168) NEWLOC 19D3 [SR 9/SR 2]
/1237 \$CROSS #SS15007976
/1237 DUP #SS15007976
/1237 DUP NAM: SAVILLE, BRADFORD
ADR: 1222 102 DR SE
PHO: 4253456343
/1242 ASNCAS 19D3 \$SS15001064
/1259 CHGLOC 19D3 [17903 SR 9 SE]
/1311 (SS75) *ONSCNE 19D3
/1324 REMINQ 19D3 MDTWANT, PREATHER, CHARLES, N, 020470, , , WA, , , , , , , , , ,
/1346 (SP0168) CLEAR 19D3 , , , ,
/1346 CLOSE 19D3 D/H